

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE		
							APPLICANT(S)			
CLAIMS										
	AS FILED		AFTER- 1st AMENDMENT		AFTER 2nd AMENDMENT					
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	
1							51	2		
2							52	3		
3							53	3		
4	1	1					54	2		
5		1					55	2		
6		1					56	1		
7		1					57	1		
8		1					58	1		
9		1					59	1		
10		1					60	3		
11		1					61	1		
12		1					62	1		
13		1					63	1		
14		1					64	1		
15		1					65	1		
16		1					66	1		
17		1					67	1		
18		1					68	1		
19		1					69	1		
20		1					70	1		
21		1					71	1		
22		1					72	1		
23		1					73	1		
24		1					74	1		
25		1					75	1		
26		1					76	3		
27		1					77	3		
28		1					78	1		
29		1					79	2		
30	1						80	1		
31	1						81	4		
32	1						82	3		
33	1						83	1		
34	1						84			
35	1						85			
36	1						86			
37	1						87			
38	1						88			
39	1						89			
40	1						90			
41	1						91			
42	1						92			
43	1						93			
44	1						94			
45	1						95			
46	1						96			
47	1						97			
48	1						98			
49	2						99			
50	2						100			
TOTAL IND.	6						TOTAL IND.			
TOTAL DEP.	36						TOTAL DEP.			
TOTAL CLAIMS	42						TOTAL CLAIMS			